

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3410-62-012808  
STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN St. Louis, Mo.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Lutheran Hosp.

Inside Limits

Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY St. Louis

c. CITY OR TOWN St. Louis 23

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

4305 Hanover Ct.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
William F. Humble Jr.4. DATE OF DEATH Month Day Year  
Mar. 30, 1962

## 5. SEX

male

## 6. COLOR OR RACE

white

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

Aug. 6, 1888

## 9. AGE (last birthday)

73

## IF UNDER 1 YEAR IF UNDER 24 HR.

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Wm. F. Humble Sr

## 13b. MOTHER'S MAIDEN NAME

Elizabeth Fuetterer

## 14. NAME OF HUSBAND OR WIFE

Mary Jane Humble

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no none

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

4305 Hanover Ct. Mrs. August Schulte

## Address

St. Louis 23, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

CARDIAC FAILURE

## INTERVAL BETWEEN ONSET AND DEATH

48 Hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

ARTERIOSCLEROTIC HEART DISEASE

## DUE TO (c)

4200 H

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PULMONARY EMPHYSEMA, SEVERE, CARCINOMA OF

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from 2-1-62 to 3-29-62 and last saw him alive on 3-28-62  
Death occurred at 3 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Theodore W. Klinge, M.D.

## 22b. ADDRESS

6500 Chippewa St. Louis 23, Mo.

## 22c. DATE SIGNED

3-30-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

## 23b. DATE

4-2-62

## 23c. NAME OF CEMETERY OR CREMATORY

Calvary Cem.

## 23d. LOCATION (City, town, or county)

St. Louis, Mo.

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Nell Barnes Walsh

## 25. DATE RECD. BY LOCAL REG.

MAR 30 1962

## 26. REGISTRAR'S SIGNATURE

Lois Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

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Mr Fred Klunge  
6506 CHIPP  
Ph. 2-7358

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Samuel C. Bell

Licensed Embalmer No. 4347

P. O. Address 6322 So Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.